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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

October 6, 2015

TO: Mayor Michael D. Antonovich
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D.
Director

Jim McDonnell
Sheriff

SUBJECT: **STATUS REPORT ON THE JAIL HEALTH AND MENTAL HEALTH SERVICES TRANSITION**

At the June 9, 2015 Board of Supervisors meeting, agenda item 15, this Board approved the proposed integrated jail health services organizational structure and the transition of jail health staff from the Department of Mental Health (DMH) and Los Angeles County Sheriff's Department (LASD) Medical Services Bureau (MSB) to the Department of Health Services (DHS). The Board directed the Interim Chief Executive Officer (CEO) in partnership with DHS, DMH, the Department of Public Health (DPH) and LASD to implement Phase Zero of the transition plan.

During Phase Zero, the affected Departments were to examine the current staffing and service delivery model to determine what would be needed to provide quality healthcare to incarcerated individuals within LASD, develop a Memorandum of Understanding (MOU) between the Departments to guide the overall relationship between the different departments, work on the ordinance changes for the new executive level Jail Health Services positions, engage in communications with staff and organized labor concerning the transition as well as provide a quarterly progress report on the phased implementation of the new structure.

The Board also directed the Interim CEO and the affected Departments to begin an assessment of a comprehensive substance abuse treatment program. Finally, the Board directed the Interim CEO to report back with recommendations on how to capture anticipated savings, if any, achieved through this new model and identify opportunities to reinvest any savings in jail health services and evidence-based diversion and re-entry programs, including drug treatment programs. This report will outline the progress on the various aspects of Phase Zero by the affected Departments.

Memorandum of Understanding Development

Since the June Board approval, DHS, DMH, DPH and its Substance Abuse Prevention and Control (SAPC) division and LASD have been meeting to discuss the development of the MOU meant to govern the operations, staffing transitions and financing of the Integrated Jail Health Services unit in DHS.

Primarily the meetings have included:

(a) Discussions between DHS administrative and clinical leaders and LASD MSB operations and clinical leaders that have focused on human resources, pharmacy, supply chain, clinical leadership, information technology and fiscal/budget. The goals of these meetings have included knowledge transfer between LASD and DHS about current operations and administrative practices as well as staffing discussions to ensure DHS has the available staff to complete the existing functions to provide quality and efficient integrated jail health services in preparation of the transfer of MSB providers including physician assistants, nurse practitioners, physicians and dentists to DHS early in Phase One.
(b) There have been several discussions between DHS and DMH that have focused on transferring jail mental health staff to DHS, which have included each Department's Human Resources (HR) leadership. The two departments are on track to complete the necessary plans to transfer the jail mental health staffing and operations to DHS early in Phase One. However, important work remains to be done to determine the funding source for the related cost of living adjustments for the transferred positions. DHS and DMH are also currently co-recruiting for the two top jail mental health positions – the Chief Psychiatrist and the Mental Health Program Manager.
(c) County Counsel representatives from the involved departments have met and will continue to guide the final form of the MOU.

Overall, the efforts to develop the MOU are progressing. The next two months will require each department to deepen engagement in meetings around specific subjects important to completing the MOU. The multi-departmental team is still targeting the end of the calendar year to have MOU finalized and ready for signature.

Correctional Health Leadership Structure

The jail health working group that developed the Board-approved concept for the restructuring has continued to meet to discuss establishing the jail health leadership positions. Currently, CEO Classification and Compensation is finalizing the reporting out letter to move forward with the three new positions – Correctional Health Director; Care Transitions Director; and Substance Use Disorder Services Director. Additionally, DHS is working with the CEO to reclassify the Jail Medical Director and Nursing Director positions so they more closely align with other DHS facilities and the scope of responsibility of the clinical operations these positions will oversee. With the Board of Supervisor's approval, the final determination for these positions should be complete in the coming weeks and available for recruitment soon afterwards. The completion of the positions for the leadership structure is a key milestone that will allow permanent staff to assume these important roles and allow the leadership structure to emerge in preparation for Phase One and Phase Two of the transition plan.

Personnel Transition

Mental Health

As noted above, DMH and DHS have had multiple discussions to plan the transfer of positions from DMH to DHS. The majority of the positions can be transitioned primarily by performing the appropriate position ordinance changes and transferring the appropriate budget appropriation.

Los Angeles County Sheriff's Department

In Phases One and Two, LASD MSB positions will transfer to DHS with the goal to anticipate the areas requiring agreement and planning between LASD and DHS for both Phases now, within the MOU, so that the Phase Two position transfers are seamless when the time comes to perform the transition. DHS and LASD continue to work together to determine which MSB positions will move to DHS and which positions, such as the sworn personnel, will remain employees of LASD. LASD is simultaneously moving forward with the creation of the Access to Care team and plan. The Access to Care functions for custody staff involves ensuring safety for clinical staff and that patients in need of care are brought to the appropriate clinical location at the right time to receive care.

Clinical Program Integration

Interim Leadership Structure

Even while in Phase Zero, we have moved forward to begin to implement the leadership model by establishing an Interim Executive Leadership Structure. Recognizing the need for an organized, clear structure to guide how departments work together now, as we continue to establish the MOU, Assistant Sheriff Terri McDonald along with Drs. Marvin Southard and Mark Ghaly, have put forward an interim leadership plan. Highlights of this plan include appointing an interim Correctional Health Director, Interim Medical Director and new interim Chief Psychiatrist. Many of the current MSB and jail mental health leaders and managers have already been working closely with the interim executive leadership. The interim leadership structure solidifies a reporting structure over clinical decision making that allows DMH Leadership, DHS Leadership and two highly qualified correctional health consultants to retain responsibility over day to day clinical operations. At this point, all clinical decisions are designed to occur without direction of the custody managers, but with their support to improve access to care.

Provider staffing support

- *Mental Health*
  Jail Mental Health Services has taken several steps to enhance staffing. Several successful hiring fairs were conducted which lead to filling 40 new clinical and paraprofessional items, and nearly 30 existing clinical and paraprofessional vacancies. In addition, about 45 DMH clinical staff will work overtime in the jails. The staff has completed the orientation process and is currently being chosen by the different program heads to work needed shifts. DMH has also temporarily increased the overtime budget for existing jail mental health staff by 30% in an attempt to meet the needs of the program, and are using the Locum Tenens registry agencies to hire psychiatrists while working to fill vacant psychiatry items. Currently three Locum Tenens psychiatrists have been hired, two are waiting for security clearance, and three are completing the required applications.

- *Medical Services*
  Since mid-July, DHS nurse practitioners and providers have provided a total of over 300 jail per diem hours of clinical support within the jails. The focus of the DHS support has been the Inmate Reception Center (IRC) as this is the location within the jails where evaluation and care for inmates begins. DHS has also been recruiting physicians for the jails from within our existing physician group and exploring the DHS physician applicant list. DHS anticipates that once the positions transition from LASD to DHS we will be in position to hire physicians to support the existing physician group at the jails. The DHS and LASD human

resources teams have met to determine the most expeditious way of recruiting and onboarding providers during this Phase Zero, when positions remain with LASD. In the meantime, DHS is preparing to propose a jail-specific "contract rate" or "per diem" rate so that providers from within the County who are interested in earning additional income and are currently doing overtime outside of the County system would consider working in the jails as an alternative to other community practices. DHS is also exploring the other necessary hiring incentives such as step advancements and "man power shortage" bonuses that must be in place, just as they are for existing DHS provider recruitments, so that we are successful at bringing enough providers to the jails.

One promising opportunity to bring important provider support rather quickly to the jail provider team is to recruit existing LASD nursing staff who are also licensed as nurse practitioners and practice outside County employment in the community. The distinct advantage is that these Registered Nurses (RNs) who can work as nurse practitioners are already engaged in the mission of serving jail patients, know the systems and electronic health records and have fulfilled all the necessary human resources and background clearances required to work in the jail settings. Currently, LASD and DHS are beginning to engage these potential providers and determining through the respective human resource departments as well as County CEO the best mechanism to allow these RNs to use their hard earned nurse practitioner degrees and knowledge to serve a group of patients with whom they are currently working. SEIU local 721 has been in support of this movement. We hope to make progress on this plan over the next six to eight weeks.

Clinical Integration Activities

Leadership staff from each of the departments continue to meet on a bi-weekly basis, on site at the jails, to discuss and implement policies and systems to improve the daily inmate intake process at the IRC. Recognizing the importance of improving the initial assessment and movement of inmates to locations where their medical, mental health and substance use problems (withdrawal management), can be safely and appropriately managed is invaluable. The team includes custody staff, including the new Access to Care deputy for the IRC, DMH clinical staff from the IRC, MSB nursing leadership in the IRC, MSB and DHS physician leadership, DPH-SAPC clinical leadership staff, DPH Tuberculosis Division and STD/HIV Division clinical leaders and other custody staff involved in space and operations management of the IRC. These discussions have been fruitful in examining the current processes within the IRC, staffing needs and space requirements to improve efficiency and appropriateness of clinical activities. Some of the highlights of the work group include a focus on improving the management of patients withdrawing from substances including alcohol and opiates; the use of RNs as triage staff versus custody assistants; implementing nursing protocols that allow some individuals to be treated by well trained nurses and not await care from a physician or nurse practitioner assessment within IRC. The group has also focused on the mental health assessment process within the IRC with a goal of ensuring patients are assessed more quickly and medications are started, when needed, as soon as possible. These meetings have been productive and effective because of the strong collaboration between all departments. The effort represents the initial area of integrated care planning and we hope establishes a foundation for how other areas of care within the jail can be integrated across disciplines.

Additional clinical improvement efforts which have been initiated during the past 90 days include:

Policy & Procedures Review: Clinical leaders continue to meet weekly to review and modify current jail systems and processes to improve patient care and outcomes. A few of the focused areas have been more timely completion of diagnostic tests, continuity of care and medication administration and working with the DHS Chief Pharmacist to improve the pharmacy processes and limit the amount of medication that is currently being wasted. There has been an ongoing

review and revision of critical policies and procedures within MSB. For example, the Clinical Institute Withdrawal Assessment for Alcohol (CIWA) was recently revised with the goal of reducing the number of inmates with a long history of alcohol use going through withdrawal while in custody. Medical and mental health staff are undergoing training on these new policies and procedures. Currently, the multidepartment leadership team is revising the sick call process that allows inmates to request care for various health concerns. The current sick call process is a leading issue for health care operations and through these efforts will become more efficient, more patient centered and supported by more robust processes so as to improve timeliness and access to care.

Mental Health Population Service Delivery: Another area that the clinical leadership has focused on is the delivery of services to the mental health population. Leadership recently implemented a system of daily integrated mental health rounds in the High Observation Housing (HOH) unit. These integrated rounds allow clinical staff to discuss the patients and the appropriateness of placement in HOH and whether the current treatment plan remains appropriate. Clinical leaders within MSB and DMH are working on an Enhanced Outpatient Program to address the needs of chronic mental health patients who do not need acute psychiatric treatment, yet are so impaired they cannot be safely housed in the general population. The management team is looking at ways to provide the needed treatment outside the Correctional Treatment Center (CTC)-Forensic Inpatient Program. The plan is to create a 32 bed Enhanced Outpatient Treatment Unit using one of the HOH pods. The unit will be an incentive based program where the inmate patient earns points if they actively participate in their treatment. Treatment would include groups, individual therapy, recreation therapy and compliance with medication therapy. Lastly, a newly developed Interdisciplinary Treatment Team meets with representation from DMH, MSB, Custody, and LASD officers who can shed light on the nature of the charge and the patient's court proceedings.

Bed Management: This is a daily meeting with clinical staff from the jails and LAC+USC Medical Center (LAC+USC) regarding utilization of the CTC beds. Clinical staff from both LASD and LAC+USC discuss patients ready from discharge from LAC+USC awaiting a CTC bed. The goal is to ensure the safe and timely transfer of patients from the inpatient unit at LAC+USC to the step down unit at the CTC.

Death Review Process: DHS and DMH clinical staff has taken a greater role in reviewing all deaths in custody. The review includes a comprehensive look at all care rendered to the patient prior to his or her death. The intent of the review is to look for any deviation from standards of care and any area where improvements of care can be made. There is a goal to overhaul the current MSB death review process so that it models the process within other institutional clinical settings – i.e., hospitals. This will be a process completed over the next six to nine months.

Department of Justice (DOJ): The new interim leadership is working with the Sheriff's Custody Compliance and Sustainability Bureau and County Counsel to comply with provisions in the recently signed DOJ Settlement Agreements, including those in the Rosas and Johnson cases. Also, this team is creating monitoring tools to ensure the 67 combined provisions for DMH and MSB are met though continuous monitoring and review of processes. DHS has put together a three member leadership team with settlement implementation and monitoring experience to support the existing DMH staff tasked with these responsibilities.

Staff Development: The new interim leaders within the jail have provided weekly mentoring of the Clinical Nurse Director (CND) III in executive leadership skills as well as attended weekly meetings with the CND III, CND II and other MSB clinical leaders to assist in redesigning aspects of clinical services. Also the interim leadership is working with various county stake holders to provide MSB nurse leaders with a three day training called "Foundation for Leadership Excellence Center" to enhance leadership skills and competencies to manage care improvement and transition. Nursing

leadership has started annual and ongoing competency reviews and training to all levels of nursing to ensure nursing staff are working within an acceptable standard of care. We are also establishing cross departmental nursing supports by conducting training with MSB and LAC+USC nursing together. These trainings will create a collaborative relationship and set the foundation for the ongoing work together.

In-Custody Jail Substance Use Disorder Program Development

As directed by the Board, the affected Departments have begun an assessment of a comprehensive substance abuse treatment program. Research suggests that inmates who participate in Substance Use Disorder (SUD) treatment programs in-custody demonstrate lower rates of re-arrest and relapse when compared to inmates who did not participate in treatment. In order to better address the needs of the estimated 60-80 percent of inmates suffering from SUDs in the Los Angeles County Jails, DPH's SAPC has been working with DHS, DMH, and LASD to develop a proposal for a multi-faceted in-custody SUD treatment program. There are two major components of the proposed program: in-custody treatment and transitional treatment. The in-custody program would focus on both substance use education and treatment with different levels of care in order to address the varied needs of the inmate population. The SUD treatment programs will include both individual and group education/counseling services based on several evidence-based treatment models that address issues such as trauma, cognitive behavior therapy, and contingency management (i.e., service credits).

The second component of the SUD program is the development of a transitional treatment program that will focus on their continued recovery following release to reduce the likelihood of recidivism and relapse. The intent of the whole program is to not only treat the illness while in custody but to make sure that these individuals are equipped with the necessary tools to make lifestyle changes upon returning to their communities. The goal is for each participant to be given a re-entry plan which will include referral to appropriate community-based and SUD treatment services. The re-entry planning will likely be coordinated in collaboration with Care Transitions director to be hired as part of the jail health leadership team. Moving forward, the Departments will continue to work with SAPC to determine the best programmatic approach to addressing the substance abuse treatment needs of the LASD inmate population. Future discussions between the Departments will include an examination of the feasibility and challenges of implementation of the proposed SUD treatment program within the existing jail facilities, programmatic spacing requirements, as well as further evaluation of current SUD treatment programs in correctional settings. Current plans will target approximately 800 inmates at any given time.

Jail Mental Health Proposed Augmentations

As requested by Supervisor Mark Ridley-Thomas' motion during the May 5, 2015, Board of Supervisors meeting, DMH developed a list of 144 additional staff positions that could enhance the mental health services provided in the jail. These positions would provide additional support for the DOJ settlement agreement; provide appropriate coverage in the jail programs for all shifts; and augment other DMH services that are critical to the effective post-release discharge planning for the growing population of mentally ill inmates housed at the Twin Towers Correctional Facility (TTCF), the Century Regional Detention Facility (CRDF), and the North County Correctional Facility (NCCF). DMH continues to discuss this request with DHS in order to determine how these positions may ultimately be incorporated into the new jail health services model.

Coordination and Collaboration with Labor Partners

To implement the significant changes proposed to the jail health structure, constant and honest communication with employees and our partner labor unions is required. Immediately following the

Board decision, numerous town hall meetings were held with health care personnel in MSB and DMH. Many discussions are occurring between DHS, DMH and MSB leadership and our union partners. In the coming months as we make progress on initial strategic priorities and begin to set a broader strategic direction and as we complete the MOU, our partnerships with involved labor partners will deepen. In the coming months we plan to create more discussion forums between the County departments and our labor partners so as to assist with the transition as well as with setting strategic priorities. Communications with the various representative organizations will remain a key element during all phases of the transition. The staff have been professional and solution oriented during discussions so far and all are focused on quality inmate care as the primary objective.

DHS continues to meet with the various DMH and MSB Clinical staff to address any concerns or questions of the staff regarding the transition and to help manage any concerns with the transfer of staff to DHS.

Barriers to Implementation

As the affected Departments begin to lay the ground work for the development of the Jail Health Services Structure, several barriers in addition to funding availability have become evident specifically in the area of provider staffing and recruitment.

With the current shortage of primary care doctors impacting the health system as a whole, it has been increasingly difficult to recruit providers to work part-time or full-time in the jails due to the low compensation. Currently, all the affected Departments have actively been working to recruit permanent full time providers to work within the jails, In the interim, the Departments have considered registry and contract temporary physicians to meet the provider need while recruitment efforts for full time providers is ongoing. However, the recruitment of contract and registry providers has also been difficult because of the contract rate in comparison to the industry standard for correctional healthcare providers. The Departments will move forward with the understanding that recruitment of high quality personnel to work in the jails has always and continues to be a challenge and an area that will require focused and aggressive recruitment, workforce creativity and a renewed marketplace evaluation of the compensation of the physicians, including psychiatrists.

The commitment of all county partners to this transition remains intact but the process is complex. Additionally, there are many equally important priorities which must be implemented simultaneously with the integrated jail health effort. Most notably, LASD has focused on the implementation of the *Rosas, Johnson and DOJ* settlement agreements as well as working with consultants on the replacement of Men's Central Jail. Moving forward, the Departments will continue to work together to implement the new Jail Health Services structure.

MHK:mg

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

Health Services
LOS ANGELES COUNTY

Los Angeles County
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First District

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June 8, 2016

TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director

Jim McDonnell
Sheriff

SUBJECT: **STATUS REPORT ON THE JAIL HEALTH AND MENTAL HEALTH SERVICES TRANSITION (ITEM NO. 15, AGENDA OF JUNE 9, 2015)**

At the June 9, 2015 Board of Supervisors meeting, the Board approved the proposed integrated jail health services organizational structure and the transition of jail health staff from the Department of Mental Health (DMH) and the Los Angeles County Sheriff's Department (LASD) Medical Services Bureau (MSB) to the Department of Health Services (DHS). The Board directed the Chief Executive Office (CEO) in partnership with DHS, LASD, DMH, and the Department of Public Health (DPH) to implement Phase Zero of the transition plan. This is the second report on the progress of the various aspects of Phase Zero by the affected departments.

Memorandum of Understanding Development

DHS, LASD, DMH, and DPH continue to work in partnership in the development of the MOUs. There are two Master MOUs that will be completed. One between DHS and LASD that governs the larger relationship in order for the Sheriff to delegate DHS as the entity to provide health services in the jail. This MOU will also be an operating and a financing agreement. The second MOU is between DMH and DHS and governs the transition of responsibility, staff and budget to operate jail mental health services (JMHS).

In addition, there are currently several draft inter-departmental MOUs being worked on. The affected Departments and County Counsel representatives continue to guide the development of the MOUs. The DHS Integrated Correctional Health Team is gathering information to determine the appropriate staffing, funding, and operational workflows necessary to deliver medical, mental health, and public health services within the jails. There are still several subject matter meetings scheduled to take place related to information technology, finance/budget, and supply chain. Despite the need for additional meetings, there has been significant progress on the development of the MOU in the past several months. Recently, the Departments held several day long meetings to further negotiate various sections of the MOU. The team is targeting July 2016, to finalize the MOUs.

Correctional Health Leadership Structure

On October 6, 2015, the Board approved the creation of the four new Integrated Jail Leadership structure positions: 1) Correctional Health Director, 2) Care Transitions Director, 3) Substance Use Disorder Treatments Director, 4) and Jail Mental Health Program Director. In the same request, the Board approved the reclassification of two essential positions in the LASD MSB budget: 5) Jail Medical Director I and 6) Chief Nursing Director. DHS continues to work with the CEO Classification and Compensation Division to define the class specifications, where needed, and create recruitment bulletins. The Jail Mental Health Program Coordinator and the Correctional Health Director started in January and March 2016 respectively. The Substance Use Disorder and Care Transitions Directors will begin in June 2016. DHS is still recruiting for the Medical Director I and the Chief Nursing Director positions.

Personnel Transition

DHS has begun to make arrangements for the Phase I staff transitions to take place around September 1, 2016. This will include all 103 DMH positions in the jail, as well as approximately 100-120 positions from LASD. DHS has started the live scanning process of staff and is working to arrange for the remainder of onboarding activities, including employee health and credentialing activities, for those with clinical licenses. The departments involved are working with the CEO to prepare the budgetary aspects of the Phase I transition to be included in the 2016-17 Final Changes budget request that will be presented to the Board on June 27, 2016.

Clinical Program Integration

Interim Leadership Structure: Early in Phase Zero, we implemented the proposed leadership model by establishing an Interim Executive Leadership

Structure. Recognizing the need for an organized, clear structure to guide how departments work together now, as we continue to establish the MOU, Assistant Sheriff Teri McDonald, initially, and now, her replacement, Assistant Sheriff Kelly Harrington along with Robin Kay, DMH Acting Director and Mark Ghaly, DHS Deputy Director, have guided the interim leadership plan. Since the last update, we have identified a new Interim Medical Director, Dr. Margarita Pereyda, who provides LA County with four days of service each week. Dr. Neil Ortego has replaced Dr. Jeff Marsh as the Interim Chief Psychiatrist. DHS has begun to actively interview for the permanent Chief of Psychiatry position that is currently vacant. The focus of the interim leadership team continues to be on (a) service restructuring; (b) staff development and training; (c) enhancing protocols and systems; (d) recruitment of new providers and other staff; (d) meeting the obligations under the joint settlement agreement between the Department of Justice (DOJ) and the County ("DOJ Agreement"). Jail medical and jail mental health leadership continue to build stronger relationships within each discipline and across disciplines, work more closely together and penetrate longstanding silos. The relationship continues to develop between DHS leadership and LASD Custody leadership. Overall, the relationships have been positive.

Mental Health Staffing Support: JMHS continues to staff up and fill vacancies. In December 2015, DHS and DMH worked with CEO to identify 19 additional positions to support JMHS. Using existing unfilled positions at DMH and funding from the jail mental health budget, critical positions for the Inmate Reception Center (IRC) and for the women's facility were added and filled. DMH leadership has also provided overtime opportunities to employees throughout DMH, to support the ongoing unmet staffing needs in JMHS. Similarly, DMH has recruited over a dozen part-time Locum psychiatrists to help in the jail. This infusion of clinical staff will certainly help support care delivery.

As part of the Board adopted motion, the Board asked that a new assessment of the adequacy of JMHS staffing be completed. Recently, the new jail mental health leadership team, along with LASD partners, prepared a proposal for a new model and staffing approach for JMHS. This new model (a) works to better support the DOJ Agreement requirements, (b) provides structured treatment and services as early as possible in the detention process, (c) moves to a team based model of care, (d) expands the hours of service to include more evening and weekend services, (e) expands mental health services to one North County facility to decompress the tight treatment environments at existing mental health housing facilities, and (f) to focus clinical efforts on diversion and release planning activities. The Phase I request (44 of a total 111 proposed positions) for the staffing augmentation to implement this new model of JMHS will be part of DHS's 2016-17 final budget phase submission.

Medical Services Staffing Support: DHS continues to discuss and implement ways to recruit both permanent and temporary positions in order to meet the critical provider need within the jails. To date, current DHS employees have provided over 2,000 hours of medical services in the jails, including multiple shifts done by Dr. Mitch Katz, Health Agency Director. On September 24, 2015, DHS, along with LASD, submitted a letter to the CEO requesting a Manpower Shortage Recruitment Rate and Range for Physician Specialists with Internal Medicine-General/Endocrinology and Family Practice specialties, as well as a request that the 5.5 percent bonus currently available to registered nurses and mental health psychiatrists working in the jail setting be extended to the physicians. It is the hope of the Departments that this will help in the recruitment of permanent primary care physicians to work in the jails.

Additionally, on December 1, 2015, the Board approved the correctional rate differential that will allow us to contract with registries and other physicians to temporarily work in the jails while we continue to actively recruit permanent clinical staff. DHS has begun working with physician registry companies to identify highly qualified providers to provide per diem medical services in the jails while the Department continues to actively recruit for permanent staff. To date, we only have one registry provider working in the jails. These few milestones are key to the successful recruitment of permanent providers to work within the jails. DHS is seeking to negotiate with a single registry company to provide approximately 15.0 FTE providers (or approximately 600 hours per week) to support the current clinical program as the new jail leadership team begins to plan the overall restructuring that will focus on improving the quality, timeliness, and efficiency of medical care in the jail. Similar to what has already been completed on the JMHS, the medical leadership is creating the care model and accompanying staffing plan to implement this improved approach.

Clinical Integration Activities

Leadership staff from the departments meet on a bi-weekly basis, on site at the jails, to discuss and implement policies and systems to improve the daily inmate intake process at the Inmate Reception Center (IRC). Recognizing the importance of the initial assessment and movement of inmates to locations where their medical, mental health, and substance use issues can be safely and appropriately managed is invaluable. The team includes LASD custody staff, the new Access to Care Deputy for IRC, DMH clinical staff from IRC, MSB nursing leadership in IRC, MSB and DHS physician leadership, DPH-Substance Abuse Prevention and Control (SAPC) clinical leadership staff, DPH Tuberculosis Division, DPH Division of HIV and STD Program clinical leaders, and other LASD custody staff involved in space and operations management of IRC. These discussions have been fruitful in examining the current processes within IRC, staffing needs, and space requirements to improve efficiency and

appropriateness of clinical activities. Some of the highlights of the work group include: a focus on improving the management of patients withdrawing from substances (including alcohol and opiates); the increased use of registered nurses as triage staff; as well as implementing nursing protocols that allow some individuals to be treated by well-trained nurses and not await care from a physician or nurse practitioner assessment within IRC. The group has also focused on the mental health assessment process within IRC with a goal of ensuring patients are assessed more quickly and medications are started, if needed, as soon as possible. These meetings have been productive and effective because of the strong collaboration between all departments. The effort represents the initial area of integrated care planning and establishes a foundation for how other areas of care within the jail can be integrated across disciplines.

Over the past few months, the Correctional Health Care Director has held weekly meetings with all clinical areas. The meetings focus on integrating all clinical services. Each week the clinical service area on the agenda reports on current issues and status of clinical care. This group has created a work plan for the next 12-18 months. The first focus was drafting an Alcohol and Drug Detox Policy, which was completed earlier this year. Training on the policy has already begun for clinical staff and is expected to be completed in June 2016.

Sick Call System Pilot: The integrated clinical team is also overhauling the sick call system, which guides how inmates with health concerns access care that has not yet been scheduled (i.e., urgent care services). Small work groups at each facility were held to engage staff and collect data on the current system. A new Policy and Patient Health Care Request Form has been completed and North County Pitchess was selected as the pilot location. The sick call pilot started March 1, 2016. Data and feedback from staff and the patients indicates the pilot is working well. The plan is to roll the new sick call system out to all jail sites within the next 2-3 months. Performance metrics will be developed to monitor the success of the pilot.

Correctional Treatment Center: The jail health leadership team is also working on medical criteria for admission and discharge to the Correctional Treatment Center (CTC), the licensed, sub-acute care unit within the jail. With the limited number of medical and mental health beds available, the leadership team is working on a policy for direct admission to ensure that patients placed in these limited beds meet the appropriate acuity levels. The new approach is guided by clinical needs and who can most benefit from these beds.

Additional accomplishments: Here are several accomplishments that have been made in the last 90 days:

- 146 clinical leaders have received the 40-hour Leadership Training to assist our leaders to better manage change and transition in the health care environment.
- Health care policies are currently being reviewed and revised to eliminate unnecessary and costly diagnostic tests. Eliminating unnecessary lab testing will allow the providers to focus on obtaining relevant diagnostic tests in a timely manner.
- Instituted daily rounds in the CTC and Medical Observation Sheltered Housing (MOSH) units. The daily rounds allow clinical staff to communicate with each other regarding the clinical status of the patient and plan care. This also optimizes the use of the scarce most medically enhanced housing areas.
- Men's Central Jail nursing staff are now conducting "pill lines" in some of the housing units within the jail. The "pill line" allows nursing staff to follow nursing standards where they both administer medications and document in the patient record at the same time.
- Development of the Century Regional Detention Facility (CRDF) breast milk storage program for new mothers. This program allows new mothers the ability to save their breast milk for their infant. The milk is stored, saved, and arrangements are made to get the milk to the infant.
- Held first integrated quality improvement meeting. The meeting will allow all clinical domains to review and identify areas where improvement is needed and work as an integrated team on these methods. Initiated pharmacy consolidation discussion with key stakeholders. Consolidation of our current pharmacy operations is needed to achieve much needed efficiencies.

Inmate Care Services Memorandum of Understanding

In 2012, DHS and LASD entered into the Specialty Health Care Services Memorandum of Understanding whereby the University of Southern California (USC) and LAC+USC providers render specialty medical care to inmate patients. In many ways, this arrangement has been the start of DHS' involvement delivering in-custody clinical services. The Agreement has allowed for the creation of a robust and very successful on-site urgent care center, a host of specialty care services including cardiology, and obstetrics and gynecology, as well as a range of additional diagnostic services to be available at the jail (i.e., head computed tomography). The program has been successful and delivered important services to the inmate patients within the jail. This has improved the overall timeliness and quality of care, as well as reduced the need for costly transfers to acute facilities which require secure vehicles and at least two sheriff

deputies. The programs and services that are part of this collaborative effort have recently been over budget due to expansion of services based on needs. To resolve this structural problem, the correctional health leadership team is looking at adjusting the budget.

Department of Justice Agreement

JMHS over the past several months has made a focused effort to support sustained compliance of the DOJ Agreement by concentrating on four main areas: hiring, policy review and revision, compliance baselines/assessment processes, and development of training/staff support. Fifteen (15) policies were revised and submitted for approval by the Monitor and the DOJ: 14 have been approved and one is outstanding. The JMHS Compliance and Population Management Program (CPM), in conjunction with all other JMHS programs, has conducted compliance baseline studies, developed monitoring and assessment tools, and is currently preparing compliance assessments for the first quarter of 2016, which will be submitted to the Monitor. During this process, training on documentation, policy changes, and suicide prevention was initiated as part of quality management activities and is ongoing. Since September 2015, JMHS has begun training with clinical departments throughout the jail on the requirements and impact of provisions related to their area. JMHS is currently addressing the DOJ Agreement substantive provisions that apply to it (and working with LASD on provisions for which JMHS and LASD are jointly responsible), including the development of methodology and process changes, aiming to achieve substantial compliance with those provisions.

In-Custody Jail Substance Use Disorder Program Development

On February 1, 2016, in collaboration with LASD, DPH-SAPC launched the in-custody Substance Treatment and Re-entry Transition (START) program, providing education and substance use disorder (SUD) treatment services to County sentenced female inmates housed at CRDF. The START program currently offers treatment services to a minimum of 50 inmates at any given time, provides re-entry planning and care transition services, including linkages to SUD treatment, housing, and other ancillary services. DPH-SAPC and LASD continue to meet to discuss coordination of referrals into SUD services, and establish policies and operational workflows necessary to deliver comprehensive and coordinated SUD services within the jails.

As previously communicated, through the release of a Work Order Solicitation (WOS), DPH, DHS and LASD will establish a countywide Jail Health Services, Substance Use Disorder (JHS-SUD) program, which will expand SUD services to other jail facilities in the county and continue services at CRDF. DHS, DPH, and LASD continue to meet to discuss the different programmatic needs, program

capacity and spacing, and service design associated with the expansion of the JHS-SUD program. DPH-SAPC anticipates releasing the WOS in early summer 2016.

Coordination and Collaboration with Labor Partners

The affected departments continue to maintain open communication with employees and our union partners. DHS and LASD will reconvene with labor partners within the next 1-2 months in order to discuss the impact of the MOU and solicit input, as appropriate. There have already been several meetings with our labor partners that have been helpful in addressing various aspects of the Departmental MOUs to communicate the many changes taking place. We place a high value on our labor relationships and will continue to foster these actively.

Challenges to Implementation

The current focus is to move into Phase I around September 1, 2016. Department staff are working to complete processes for staff transitions and to establish budget units necessary to make these major changes. The support from the CEO, County Counsel, and Auditor-Controller, has been extremely helpful. The major hurdle in front of us now is agreeing to a funding scheme that ensures DHS has the resources to build the integrated jail health system in the vision the Board has set forth. As the transition continues, we will provide updates on how the funding arrangements are finalized. DHS and DMH have also made significant progress on determining the details of funding shifts that must occur for DHS to assume responsibility over JMHS as part of the integrated approach.

As part of the June 9, 2015 motion, the Board requested the CEO to report back with recommendations on capturing anticipated savings, if any, achieved through this new model and identify opportunities to reinvest any savings in jail health services and evidence-based diversion and re-entry programs, including drug treatment programs. While it is the intent of the CEO and the affected Departments to ensure that any savings that result from these changes are reinvested into jail health services and the related programs as directed by the Board, it would appear the funding challenges at this time do not support anticipated savings.

The jail's physical plan has become a more significant barrier as we expand the treatment model within the mental health, physical health and substance use disorder services. DHS and LASD have worked to reshape existing spaces and identify new spaces, so clinical staff can work and clinical services can be more efficiently delivered. Although a new treatment facility is being planned, it is years away. In the near term, we will be proposing modest, but critical space

changes to allow for the delivery of quality care in a safe working environment. These space upgrades will be focused on IRC and multiple areas of CRDF.

Conclusion

There has been a tremendous amount of work that has been done in order to integrate health, mental health and substance use disorder services within the jails. There is more to do and we are very appreciative of your support and assistance. If you have any questions or need additional information, please do not hesitate to contact us.

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c: Chief Executive Office
County Counsel
Executive Office Board of Supervisors